MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-377	Record submitted late: The submission date (current date) is more than 31 days after the record completion date.	Cause: * The record submission date (current date) to the CMS MDS system at the State is more than 31 days after the record completion date for assessments or the event date for tracking forms. Definition: * The submission timing requirement is based on the value in the Reason for Assessment (AA8a). * Completion Date = VB4 WHEN: * AA8a = 01 (admission assessment) * AA8a = 02 (annual assessment) * AA8a = 03 (significant change assessment) * AA8a = 04 (significant correction, full assessment) *Completion Date = R2b WHEN: * AA8a = 00 [zero] (None of Above) * AA8a = 05 (quarterly assessment) * AA8a = 10 (significant correction, quarterly assessment) *Completion date=AT6 WHEN: *A modification or inactivation is submitted. * Event Date = R4 WHEN: * AA8a = 06 (discharge, return not anticipated) * AA8a = 07 (discharge, return anticipated) * AA8a = 08 (discharge, prior to initial assessment) * Event Date = A4a WHEN: * AA8a = 09 (reentry) * Current date refers to the date the file is submitted to the CMS MDS system at the State. Tip: * Check the Field identified and the Invalid Data on the Final Validation Report to determine the date items that are late. Action: * No action is required for this submission. * To avoid this in the future, review the record submission process and verify that all records are submitted in a timely manner.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-379	New resident: A new person has been created in the database of the CMS MDS system at the State with the information submitted in this record.	Cause: * The resident's identifying information did not match a person already on the resident table in the CMS MDS system at the State. The record type submitted should not be the first record submitted for any resident and should have matched a row on the resident table, but did not. A person was created on the resident table as a result of this record submission. Definition: * Resident table: Each person with data in the database has a row on the resident table in the CMS MDS State system. This row contains the person's identifying information and is used to link subsequent records for that person as they are submitted. If the data submitted for a resident does not match a row, a new row is created, thereby making a new person in the database that the record was linked to. Example: * The initial record for a resident in a facility should be one of the following: * Admission record (AA8a = 01) * Discharge prior to completing the initial assessment (AA8a = 08) * Medicare 5 day not combined with the admission assessment (AA8a = 00 and AA8b = 1) * A reentry record should not follow an admission assessment record. Reentry records should only follow discharge records. Action: * If you are certain there was not a record submitted previously for this resident, no action is needed. * If this message occurred because a record was completed and not submitted, submit the missing record now. * If after reviewing activity reports, roster reports and/or QI reports you believe a new resident may have been created in error, contact your State MDS Coordinator. • Review activity reports, roster reports and/or QI reports to assure that all records are submitted sequentially and timely.
-380	Repeat admission assessment (AA8a=01): An admission assessment (AA8a=01) already exists with the AB1 date the same as the submitted AB1.	Cause: * A repeat admission assessment with the same AB1 date has been submitted. Tip: * This message will only occur on admission assessments where AA8a=01. Action: * Only record type A (AA8a=01) will be allowed with the same AB1 date. * Verify the AA8a and AB1 date are accurate for the assessment submitted. * Make appropriate corrections to the record and resubmit. * Refer to the current data specifications to determine valid values.

Table 1-5. Warning Messages (cont'd)

AB: MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-393	Comprehensive assessment completed late: The submitted VB2 date was >366 days after the VB2 date submitted previously.	Cause: *The completed assessment was not completed with CMS timing guidelines. *There should be no more than 366 days between comprehensive assessments. The 366 days is calculated from VB2 (date the RN signed the RAPS as being completed). Tip: *Timing edits are not done on records with a SUB_REQ=2. *For records where SUB_REQ=3 or 0 (zero). Timing edits will not be done between any two records where the SUB_REQ is not the same or 0 (zero). Action: *To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.
-397	Inconsistent AA8a/R4/AB1: If AA8a = 08, then the R4 date must be less than or equal to 14 days after AB1 date.	Cause: *AA8a = 08 and the R4 (discharge) date is greater than 14 days after AB1 (date of entry) date. Action: *Verify the AA8a, R4 date, and AB1 date are accurate for the assessment submitted. *Correct using the MDS Correction Policy.
-398	Test File: The identified facility is a test facility. The file was processed as a test file.	Cause: *Facility identified as test facility in database, submitting production file. Tip: *Test facility should only submit files as “test” not production. Definition: *”Test” means the file is edited but is not stored in the database. *TEST_SW: item that designates the submission file as a test or production file. “0” (zero) indicates test, and “1” indicates production. Action: *Verify that the TEST_SW in the header record of the submission file is “0”. Contact your software vendor for assistance.

Table 1-5. Warning Messages (cont’d)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-2	The FACID in the header was not found in the State database.	The facility ID in the header record of this submission file does not match the facility ID entered in the State database. Facility staff should contact the State Coordinator and verify that the facility ID in the header record matches the facility ID in the State database.
-13	Inconsistent facility name: The facility name submitted in the header record does not match the facility name in the State database.	Cause: * The facility name in the header record of this submission file does not match the facility name in the State database. * The facility name in the encoding software must match all spaces, symbols, and letters exactly with the State database. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Tip: * The facility name field is limited to 30 characters and may need to be abbreviated. Characters include all spaces, symbols, and letters utilized. * With most encoding software, the facility name is inserted in the header record by the software when a file is created. Action: * Compare the information on the "Invalid Data" line with the [Facility Name] in the top section of the MDS Final Validation Report. * Change the facility name in the facility software to match the State database, or contact your State Coordinator to have the facility name in the State database changed to match the facility software.

Table 1-6. MDS Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-26	Invalid record FAC_ID: The State assigned Facility ID code (FAC_ID) in any one of the submitted resident data records does not match the FAC_ID in the header record of the submission file.	Cause: * The State assigned FAC_ID code in any one of the submitted resident data records does not match the FAC_ID in the header record of the submission file. Definition: * Data record: A data record contains information for a single MDS resident record, a single discharge transaction, a single reentry transaction (readmission after discharge), a single request to modify an MDS record, or a single request to inactivate an MDS record. There will be one or more data records in a submission file. * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Example: * FAC_ID in the header record = IA1111 and FAC_ID in the submitted resident data record = IA0001 Action: * Verify that the FAC_ID in all data records match the FAC_ID in the header record of the submission file match. * If the FAC_ID of the data record(s) does not match the FAC_ID in the header record, unlock the data record(s), make the correction, and create a new submission file containing the corrected records. Submit the new file. * Contact your software vendor for assistance.
-100	Invalid data found in the Record ID (REC_ID) field.	The Record ID for one or more records is not in this submission file. This format for the Resident ID field for all data records is an upper case B followed by 0 (zero).
-101	A space occurred in the AA8a field on one or more records.	The AA8a field contained a space for one or more records.
-104	SSN and last name missing or invalid - Resident matching failed.	The resident Social Security Number and last name in this data record was missing or invalid. The resident match procedure could not occur.
-105	Unable to accept record: The HCFA MDS system at the State, which matches residents, has failed. Contact your State Coordinator immediately and resubmit the file.	The MDS database resident matching procedure failed. Facility staff should contact their MDS State Coordinator. Facility staff will need to re-submit this record after they contact the State Coordinator.
-106	Inconsistent A3b: Inconsistent A3b value for the current assessment.	Any record is rejected if AA8a = 01, 02, 03, 04, 05, or 10 if the original or corrected copy of form (A3b) is not equal to 0. (A 0 indicates an original record.) If AA8a = 06, 07, 08, or 09, A3b must be a 0 (zero) or space.

Table 1-6 MDS. Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-115	Inconsistent ASMT_LCK/R2b: The assessment lock date was submitted with a date earlier than the assessment completion date (R2b). The R2b date must precede or be the same as the assessment lock date.	Any record is rejected if AA8a = 01, 02, 03, 04, 05, 10 or AA8b = 1, 2, 3, 4, 5, 7, 8 and the assessment lock date (ASMT_LCK) precedes the assessment completion date (R2b).
-118	Inconsistent CARE_LCK/VB4: The CP lock date (CARE_LCK) was submitted with a date earlier than the CP completion date (VB4). The VB4 date must precede or be the same as the CARE_LCK date.	Any record is rejected if AA8a = 01, 02, 03, or 04 and the care plan lock date (CARE_LCK) precedes the care plan completion date (VB4).
-200	ASMT_LCK should be no more than 21 days after R2b date.	The assessment lock date (date that all of Sections A through V except for the care planning items are completed) should be no more than 21 days after the R2b date (Date the RN coordinator signed the assessment as complete
-201	ASMT_LCK should be no more than 21 days after A3a date.	The assessment lock date (date that all of Sections A through V except for the care planning items are completed) should be no more than 21 days after the A3a date (Last day of MDS observation period).
-202	ASMT_LCK should be no more than 7 days before VB4 date.	The assessment lock date (date that all of Sections A through V except for the care planning items are completed) should be no more than 14 days before VB4 date (RAP Care Plan signature date).
-203	ASMT_LCK should be no more than 14 days before CARE_LCK date.	The assessment lock date (date that all of Sections A through V except for the care planning items are completed) should be no more than 21 days before the CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed).
-204	CARE_LCK should be no more than 28 days after A3a date.	The CARE_LCK date (The date that all sections of the MDS record and care planning decisions are completed) should be no more than 28 days after A3a date (last day of MDS observation period).
-205	CARE_LCK should be no more than 14 days after VB2 date.	The CARE_LCK date (The date that all sections of the MDS record and care planning decisions are completed) should be no more than 14 days after VB2 (RAP assessment signature date).
-206	CARE_LCK should be no more than 28 days after R2b date.	The CARE_LCK date (The date that all sections of the MDS record and care planning decisions are completed) should be no more than 28 days after R2b (date the RN coordinator signed the assessment as complete).
-207	CARE_LCK should be no more than 7 days after VB4 date.	The CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed) should be no more than 7 days after VB4 (RAP care plan signature date).

Table 1-6. MDS Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-215	A3a date late: The submitted assessment reference date (A3a) was more than 14 days later than the date of entry (AB1), or reentry date (A4a) whichever is later.	Cause: * The admission assessment A3a (assessment reference date) was late. * For an admission assessment (AA8a = 01), A3a (last day of MDS observation period) should be no more than 14 days late than the AB1 (date of entry) or A4a (reentry date), whichever one is later. Tip: * This message will only occur on admission assessments where AA8a=01. Action: * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that the assessment reference date is within 14 days of admission or of readmission if the admission assessment was not completed before the discharge that preceded the readmission.
-218	AB1 should be no more than 21 days earlier than ASMT_LCK date.	AB1 (Date of entry) should be no more than 21 days earlier than ASMT_LCK date (the date that all of Sections A through V except for the care planning items are completed).
-219	VB4 date late: The submitted care plan decision completion date (VB4) was more than 21 days later than the date of entry (AB1), or reentry date (A4a) whichever is later.	Cause: * The admission assessment was completed late. * For an admission assessment (AA8a = 01), VB4 (RAP care plan signature date) should be no more than 21 days later than AB1 (date of entry) or A4a (reentry date), whichever one is later. Tip: * This message will only occur on admission assessments where AA8a = 01. Action: * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that the assessment and care plan are completed within 21 days of admission or readmission if the admission assessment was not completed before the discharge that preceded the readmission.
-220	AB1 should be no more than 28 days earlier than CARE_LCK date.	AB1 (date of entry) should be no more than 28 days earlier than CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed.)
-221	A3a should be no more than 14 days earlier than R2b date.	A3a (last day of MDS observation period) should be no more than 14 days earlier than R2b date (date RN coordinator signed assessment as complete).
-222	A3a should be no more than 14 days earlier that VB2 date.	A3a (last day of MDS observation period) should be no more than 14 days earlier than VB2 date (RAP assessment signature date).
-223	A3a should be no more than 21 days earlier than ASMT_LCK date.	A3a (last day of MDS observation period) should be no more than 21 days earlier than ASMT_LCK date (the date that all of Sections A through V except for the care planning items are completed).

Table 1-6. MDS Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-224	A3a should be no more than 21 days earlier than VB4 date.	A3a (last day of MDS observation period) should be no more than 21 days earlier than VB4 date (RAP care plan signature date).
-225	A3a should be no more than 28 days earlier than CARE_LCK date.	A3a (last day of MDS observation period) should be no more than 28 days earlier than CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed).
-227	R2b should be no more than 21 days earlier than ASMT_LCK date.	R2b (date the RN coordinator signed the assessment as complete) should be no more than 21 days earlier than the ASMT_LCK date (the date that all Sections A through V except for the care planning items are completed).
-228	VB4 date late: The submitted care plan decision completion date (VB4) was more than 21 days later than the assessment completion date (R2b)	R2b (date the RN coordinator signed the assessment as complete) should be no more than 21 days earlier than VB4 date (RAP care plan signature date).
-229	R2b should be no more than 28 days earlier than CARE_LCK date.	R2b (date the RN coordinator signed the assessment as complete) should be no more than 28 days earlier than the CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed).
-231	VB2 should be no more than 7 days earlier than VB4 date.	VB2 (RAP assessment signature date) should be no more than 7 days earlier than VB4 date (RAP care plan signature date).
-232	VB2 should be no more than 14 days earlier than CARE_LCK date.	VB2 (RAP assessment signature date) should be no more than 14 days earlier than the CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed.)
-233	VB4 date late: The submitted care plan decision completion date (VB4) was more than 21 days later than the assessment reference date (A3a).	Cause: * The care plan decision date (VB4) exceeds the allowable time limit for the assessment reference date (A3a). * VB4 (RAP care plan signature date) should be no more than 21 days after A3a date (last day of MDS observation period). Action: * No action is required for this assessment * To avoid this message in the future, schedule assessment so that the care plan decisions are completed no later than 21 days after the assessment reference date (A3a).
-235	VB4 should be no more than 7 days earlier than CARE_LCK date.	VB4 (RAP care plan signature date) should be no more than 7 days earlier than the CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed).
-304	AA8b column is null.	The required AA8b field for this assessment is null. RUGs cannot be calculated.
-313	Missing face sheet data: If any item(s) is/are filled out on the face sheet (Sections AB and AC), all required items must be completed with valid data.	If AA8a = 01, all face sheet items must be submitted (Sections AB and AC). If AA8a = 08, this message does not apply as only AB1 and AB2 are required. If any items in Sections AB and AC are optionally submitted on any other record, all items must be submitted.

Table 1-6 MDS Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-302	Assessment_internal_id is null.	A requested Assessment_internal_id was stored as a null value. The internal assessment ID is assigned by the MDS system when the assessment is submitted.
-305	Assessment_internal_id requested was not found on assessment table.	The requested Assessment_internal_id could not be found on the Assessment table. The internal assessment ID is assigned by the MDS system when the assessment is submitted.
-312	Section_A record not found.	The Assessment_internal_id that was submitted to the RUGs calculation program does not contain data values in Section A of the assessment record. The internal assessment ID is assigned by the MDS system when the assessment is submitted.

Table 1-7. MDS Messages for Internal Programmer Use

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-315	Invalid value for Section_S fields.	Cause: * The submitted data for this item is not in the valid range of acceptable values. Action: * Refer to your State's current Section S data specifications for this item to determine the acceptable values.
-316	Incorrect format for Section_S fields.	Cause: * The submitted data is not in the correct format for the identified item. Action: * Refer to your State's current Section S data specifications for this item to determine acceptable format.
-317	Date in Section_S is missing or invalid.	Cause: * Date item identified is missing or contains an invalid date. Definition: * Invalid for the purposes of this message means that the date must contain a valid month, day, and year. Tip: * Check the Field identified on the Final Validation Report to determine the date item that is missing or invalid. * The correct submission file format for all dates is YYYYMMDD. The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as MMDDYYYY, it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs notified. Example: * An invalid date would be June 32, 1999. * A month of 40 or a day of 32 is not valid. Action: * Refer to your State's current Section S data specifications to determine valid values.

Table 1-8. MDS Warning Messages, Section S

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-318	Date in Section_S is greater than submission date.	Cause: * The date item identified is a future date (later than the current date). The date item must precede or be the same as the current date. Definition: * Current date refers to the date the file is submitted to the CMS MDS system at the State. Tip: * Check the Field identified on the Final Validation Report to determine the date item that contains a future date. * The correct submission file format for all dates is YYYYMMDD. The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as MMDDYYYY, it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs notified. Action: * Refer to your state's current Section S data specifications to determine valid values.
-319	Date in Section_S is more than 140 years in the past.	Cause: * Any record is rejected if the date item identified is more than 140 years prior to the current date. Definition: * Current date refers to the date the file is submitted to the CMS MDS system at the State. Tip: * Check the Field identified on the Final Validation Report to determine the date item that is more than 140 years prior to the current date. * The correct submission file format for all dates is YYYYMMDD. The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as MMDDYYYY, it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs notified. Action: * Refer to your State's current Section S data specifications to determine valid values.

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